

must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 133

Registered No. 78

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village, _____

City Hayden St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Jerry Clarence Morrison

3. Sex of Child M To be answered ONLY in event of plural births. } Twin, triplet or other. _____
6. Legitimate? Yes 7. Date 8-7-30
of birth Month Day Year

8. FATHER Full name Orie Clarence Morrison
14. MOTHER Full maiden name Grace Thelma Owensby

9. Residence (Usual place of abode) Hayden Ariz
If non-resident, give place and state. _____
15. Residence (Usual place of abode) Hayden Ariz
If non-resident, give place and state. _____

10. Color or race W. 11. Age at last birthday 24 (Years)
16. Color or race W. 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mande Okla
(State or country) _____
18. Birthplace (city or place) Bearden Okla
(State or country) _____

13. Occupation Crane - man
Nature of Industry Coffee Smelter
19. Occupation H. W.
Nature of Industry _____

20. Number of children of this mother. 2 (a) Born alive and now living. 2
(Taken as of time of birth of child herein (b) Born alive but now dead. 0
certified and including this child.) (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Dr. R. Winslow
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Address Hayden Ariz
Filed 8/9/30 Registrar M. D. Dyer

145-807-768